

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>10/23/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>FH</i>	<i>2856</i>	<i>10/20/00</i>
RESPONSE FORMALITY REVIEW			<i>10-30-00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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